

|                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>CLBA-125708441</i>                           | <i>State:</i>                 | <i>Arkansas</i>                             |
| <i>Filing Company:</i>          | <i>Columbia Mutual Insurance Company</i>        | <i>State Tracking Number:</i> | <i>EFT \$50</i>                             |
| <i>Company Tracking Number:</i> | <i>CMI-PAP-08-F01</i>                           |                               |   |
| <i>TOI:</i>                     | <i>19.0 Personal Auto</i>                       | <i>Sub-TOI:</i>               | <i>19.0001 Private Passenger Auto (PPA)</i> |
| <i>Product Name:</i>            | <i>Personal Auto - AU Program</i>               |                               |   |
| <i>Project Name/Number:</i>     | <i>Roadside Assistance Forms/CMI-PAP-08-F01</i> |                               |   |

## Filing at a Glance

Company: Columbia Mutual Insurance Company

|  |  |   |
|--|--|---|
| Product Name: Personal Auto - AU Program       | SERFF Tr Num: CLBA-125708441                             | State: Arkansas                           |
| TOI: 19.0 Personal Auto                        | SERFF Status: Closed                                     | State Tr Num: EFT \$50                    |
| Sub-TOI: 19.0001 Private Passenger Auto (PPA)  | Co Tr Num: CMI-PAP-08-F01                                | State Status: Fees verified and received  |
| Filing Type: Form                              | Co Status:   | Reviewer(s): Alexa Grissom, Betty Montesi |
|  | Authors: Dennis McVay, Christina Walker, DeeDee Williams | Disposition Date: 06/30/2008              |
|  | Date Submitted: 06/25/2008                               | Disposition Status: Approved              |
| Effective Date Requested (New): 10/01/2008     |  | Effective Date (New): 10/01/2008          |
| Effective Date Requested (Renewal): 10/01/2008 |  | Effective Date (Renewal):                 |
| State Filing Description:                      |  |   |

## General Information

|   |                                       |
|---|---------------------------------------|
| Project Name: Roadside Assistance Forms   | Status of Filing in Domicile: Pending |
| Project Number: CMI-PAP-08-F01  | Domicile Status Comments:             |
| Reference Organization: N/A   | Reference Number: N/A                 |
| Reference Title: N/A  | Advisory Org. Circular: N/A           |
| Filing Status Changed: 06/30/2008   |                                       |
| State Status Changed: 06/30/2008  | Deemer Date:                          |
| Corresponding Filing Tracking Number: CMI-PAP-08-R01  |                                       |
| Filing Description:   |                                       |
| We are filing new company form PA 310 (10-08) Roadside Assistance Coverage, as well as, revised company form PCD-5 (10-08) Personal Automobile Policy Declarations, which we propose to use in our Personal Automobile AU Policy Program. Please note that PCD-5 (10-08) replaces our previously filed and approved PCD-5 (2-03) Declarations. We are also filing our corresponding rate/rule under separate cover. |                                       |

SERFF Tracking Number: CLBA-125708441 State: Arkansas  
 Filing Company: Columbia Mutual Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CMI-PAP-08-F01  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: Personal Auto - AU Program  
 Project Name/Number: Roadside Assistance Forms/CMI-PAP-08-F01

## Company and Contact

### Filing Contact Information

DeeDee Williams, Asst. Analyst dwilliams@colinsgrp.com  
 2102 White Gate Drive (573) 474-6193 [Phone]  
 Columbia, MO 65205 (800) 836-5713[FAX]

### Filing Company Information

Columbia Mutual Insurance Company CoCode: 40371 State of Domicile: Missouri  
 2102 White Gate Drive Group Code: 807 Company Type: Mutual  
 P O Box 618  
 Columbia, MO 65205 Group Name: Columbia Insurance State ID Number: 03  
 Group  
 (573) 474-6193 ext. [Phone] FEIN Number: 43-0790393  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

| COMPANY                           | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|---------|----------------|---------------|
| Columbia Mutual Insurance Company | \$50.00 | 06/25/2008     | 21085667      |

|                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>CLBA-125708441</i>                           | <i>State:</i>                 | <i>Arkansas</i>                             |
| <i>Filing Company:</i>          | <i>Columbia Mutual Insurance Company</i>        | <i>State Tracking Number:</i> | <i>EFT \$50</i>                             |
| <i>Company Tracking Number:</i> | <i>CMI-PAP-08-F01</i>                           |                               |   |
| <i>TOI:</i>                     | <i>19.0 Personal Auto</i>                       | <i>Sub-TOI:</i>               | <i>19.0001 Private Passenger Auto (PPA)</i> |
| <i>Product Name:</i>            | <i>Personal Auto - AU Program</i>               |                               |   |
| <i>Project Name/Number:</i>     | <i>Roadside Assistance Forms/CMI-PAP-08-F01</i> |                               |   |

## Correspondence Summary

### Dispositions

| <b>Status</b> | <b>Created By</b> | <b>Created On</b> | <b>Date Submitted</b> |
|---------------|-------------------|-------------------|-----------------------|
| Approved      | Alexa Grissom     | 06/30/2008        | 06/30/2008            |

|                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>CLBA-125708441</i>                           | <i>State:</i>                 | <i>Arkansas</i>                             |
| <i>Filing Company:</i>          | <i>Columbia Mutual Insurance Company</i>        | <i>State Tracking Number:</i> | <i>EFT \$50</i>                             |
| <i>Company Tracking Number:</i> | <i>CMI-PAP-08-F01</i>                           |                               |   |
| <i>TOI:</i>                     | <i>19.0 Personal Auto</i>                       | <i>Sub-TOI:</i>               | <i>19.0001 Private Passenger Auto (PPA)</i> |
| <i>Product Name:</i>            | <i>Personal Auto - AU Program</i>               |                               |   |
| <i>Project Name/Number:</i>     | <i>Roadside Assistance Forms/CMI-PAP-08-F01</i> |                               |   |

## Disposition

Disposition Date: 06/30/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

|                          |  |                        |                                      |
|--------------------------|--|------------------------|--------------------------------------|
| SERFF Tracking Number:   | CLBA-125708441                           | State:                 | Arkansas                             |
| Filing Company:          | Columbia Mutual Insurance Company        | State Tracking Number: | EFT \$50                             |
| Company Tracking Number: | CMI-PAP-08-F01                           |                        |                                      |
| TOI:                     | 19.0 Personal Auto                       | Sub-TOI:               | 19.0001 Private Passenger Auto (PPA) |
| Product Name:            | Personal Auto - AU Program               |                        |                                      |
| Project Name/Number:     | Roadside Assistance Forms/CMI-PAP-08-F01 |                        |                                      |

| Item Type           | Item Name  | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved    | Yes           |
| Form                | Roadside Assistance Coverage                     | Approved    | Yes           |
| Form                | Personal Automobile Policy Declarations          | Approved    | Yes           |

SERFF Tracking Number: CLBA-125708441 State: Arkansas

Filing Company: Columbia Mutual Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CMI-PAP-08-F01

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Personal Auto - AU Program

Project Name/Number: Roadside Assistance Forms/CMI-PAP-08-F01

## Form Schedule

| Review Status | Form Name                               | Form # | Edition Date | Form Type Action                 | Action Specific Data   | Readability | Attachment                                      |
|---------------|---|--------|--------------|----------------------------------|--|-------------|---|
| Approved      | Roadside Assistance Coverage            | PA 310 | 10-08        | Endorsement/Amendment/Conditions |  |             | PA 310 (10-08) Roadside Assistance Coverage.pdf |
| Approved      | Personal Automobile Policy Declarations | PCD-5  | 10-08        | Declaration Replaced             | Replaced Form #: PCD-5 (2-03)<br>Previous Filing #: CMI-PAP-07-F01 |             | PCD-5 (10-08).pdf                               |

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ROADSIDE ASSISTANCE COVERAGE**

### **Schedule of Coverage**

Emergency Road Service Towing Costs:

Maximum number of miles: \_\_\_\_\_

Emergency Road Service Reimbursement Charges:

(Other Than Authorized Repair Service)

Charges up to a maximum of: \$\_\_\_\_\_

This endorsement provides the following additional coverage where a specific premium charge and limits of liability is shown for the coverage in the Schedule of Coverage or the Declarations.

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

- A. We will pay the costs incurred for an **emergency road service** performed by an **authorized repair service** representative each time **your covered auto** or a temporary substitute is disabled. We will only pay for labor performed at the place of disablement.

**Emergency road service** is limited to one service per every 72 hours and no more than a total of five services during a 12 month consecutive period.

- B. We will pay reasonable reimbursement charges up to the maximum amount shown in the above Schedule of Coverage when an **emergency road service** is rendered by a provider other than an **authorized repair service** representative.
- C. We will provide map service, which allows you to request and receive specially prepared maps for travel. Map service is subject to two weeks advance notice by calling a toll-free number and providing your trip origin and destination.

**Authorized repair service means:**

1. Emergency service dispatched by our authorized service representative.

**Emergency road service means:**

1. Any service requiring a minor adjustment, exclusive of parts, to enable the auto to proceed under its own power;
2. Changing an inflated spare tire from mount to wheel;
3. Towing costs subject to the maximum number of miles shown in the above Schedule of Coverage;
4. Labor for the delivery of an emergency supply of gasoline, oil, water, and other accessories. Cost of fluids, parts, or materials necessary for the operation of the auto are limited to the amount needed to get the car to the nearest service facility; and paid for by the policyholder.
5. Battery jump start due to a dead or weak battery; or
6. Keys locked inside the auto. The cost to replace lost, stolen or broken keys is not covered.



2102 White Gate Drive  
P.O. Box 618  
Columbia MO 65205  
(573) 474-6193

## PERSONAL AUTO POLICY DECLARATIONS

COLUMBIA MUTUAL INSURANCE CO

POLICY NUMBER: **AUAR001838**  
RENEWAL OF:

Comments:

Named Insured and Mailing Address:  
BANNER, DAVID  
123 W MAIN  
LITTLE ROCK AR 72201

Agent and Mailing Address: Agent: 17058 -  
INSURANCE CENTER INC  
2207 HIDDEN VALLEY DRIVE  
SUITE 203  
LITTLE ROCK AR 72212  
501-223-2400

Policy Period: From **03/17/2009** to **09/17/2009** at 12:01 a.m. Standard Time at the mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY,  
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

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|   |              |
|---|--------------|
| <b>TOTAL SEMI-ANNUAL POLICY PREMIUM</b> | <b>\$884</b> |
|---|--------------|

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### VEHICLE(S) SUMMARY:

|          |      |                |          |             |             |                |
|----------|------|----------------|----------|-------------|-------------|----------------|
| VEH 001: | 2007 | BUICK LACROSSE | SEDAN 4D | Usage: Work | Driver: 001 | Premium: \$884 |
|----------|------|----------------|----------|-------------|-------------|----------------|

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### DRIVER(S) SUMMARY:

|             |              |         |                       |                         |
|-------------|--------------|---------|-----------------------|-------------------------|
| DRIVER 001: | DAVID BANNER | Type: P | Birthdate: 01/01/1971 | License Number: ON FILE |
|-------------|--------------|---------|-----------------------|-------------------------|

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### THE FOLLOWING FORMS AND ENDORSEMENTS APPLY TO YOUR POLICY:

|        |         |                                |
|--------|---------|--------------------------------|
| IL0001 | (11/77) | PUNITIVE OR EXEMPLARY DMG EXCL |
| IL165  | (07/86) | CONCEALMENT OR FRAUD CONDITION |
| IPJ305 | (05/08) | POLICY JACKET                  |
| PP0001 | (01/05) | PERSONAL AUTO POLICY           |
| PP0177 | (01/05) | AMENDMENT OF POLICY PROVISIONS |
| PP0302 | (06/98) | OPT LIMITS TRANS EXPENSE COVRG |
| PP0305 | (08/86) | LOSS PAYABLE CLAUSE            |
| PP0326 | (06/94) | LIABILITY EXCLUSION ENDORSEMNT |
| PP0434 | (01/05) | UNDERINSURED MOTORIST COVERAGE |
| PP0495 | (01/05) | UNINSURED MOTORIST COVERAGE    |
| PP1301 | (12/99) | COVG FOR DMG TO YOUR AUTO EXCL |
| PP1385 | (06/03) | ARKANSAS NOTICE                |

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— Please notify your agent if there are any changes needed to the information shown on this declarations page.





[illegible]

Policy Period: From **03/17/2009** to **09/17/2009** at 12:01 a.m. Standard Time at the mailing address shown above.

**TOTAL POLICY PREMIUM ALL VEHICLES**

**\$884**

Countersigned by \_\_\_\_\_  
Authorized Agent

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S), COMMON FORM(S), COMMON POLICY CONDITIONS AND FORMS, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Payment Plan: DIRECT BILL    FULL PAY  
Distribution Code: A            M2  
PCD-5 (10-08)

Insured Copy

Date Prepared: June 19, 2008  
Operator: ATKI  
Issue

|                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
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| <i>Company Tracking Number:</i> | <i>CMI-PAP-08-F01</i>                           |                               |   |
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| <i>Product Name:</i>            | <i>Personal Auto - AU Program</i>               |                               |   |
| <i>Project Name/Number:</i>     | <i>Roadside Assistance Forms/CMI-PAP-08-F01</i> |                               |   |

## **Rate Information**

Rate data does NOT apply to filing.

|                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
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| <i>Filing Company:</i>          | <i>Columbia Mutual Insurance Company</i>        | <i>State Tracking Number:</i> | <i>EFT \$50</i>                             |
| <i>Company Tracking Number:</i> | <i>CMI-PAP-08-F01</i>                           |                               |   |
| <i>TOI:</i>                     | <i>19.0 Personal Auto</i>                       | <i>Sub-TOI:</i>               | <i>19.0001 Private Passenger Auto (PPA)</i> |
| <i>Product Name:</i>            | <i>Personal Auto - AU Program</i>               |                               |   |
| <i>Project Name/Number:</i>     | <i>Roadside Assistance Forms/CMI-PAP-08-F01</i> |                               |   |

## Supporting Document Schedules

|                        |  |                       |            |
|------------------------|--|-----------------------|------------|
|                        |  | <b>Review Status:</b> |            |
| <b>Bypassed -Name:</b> | Uniform Transmittal Document-<br>Property & Casualty   | Approved              | 06/30/2008 |
| <b>Bypass Reason:</b>  | Please see General Information and Form Schedule tabs. |                       |            |
| <b>Comments:</b>       |  |                       |            |